

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: SYSTEMS FOR EXPRESSING TOXIC  
PROTEINS, VECTORS AND METHOD OF  
PRODUCING TOXIC PROTEINS

Attorney Docket Number:: 034404-001

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Pierre

Middle Name::

Family Name:: Falson

Name Suffix::

City of Residence:: Sainte Foy Les Lyon

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 5, avenue Valioud

City of Mailing Address:: Sainte Foy Les Lyon

**State or Province of Mailing Address::**

**Country of Mailing Address::** France

**Postal or Zip Code of Mailing Address::** F-69110

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** France

**Status::** Full Capacity

**Given Name::** Francois

**Middle Name::**

**Family Name::** Penin

**Name Suffix::**

**City of Residence::** Decines Charpieu

**State or Province of Residence::**

**Country of Residence::** France

**Street of Mailing Address::** 20, avenue des Platanes

**City of Mailing Address::** Decines Charpieu

**State or Province of Mailing Address::**

**Country of Mailing Address::** France

**Postal or Zip Code of Mailing Address::** F-69150

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** France

**Status::** Full Capacity

**Given Name::** Cedric

Middle Name::

Family Name:: Montigny

Name Suffix::

City of Residence:: Gif Sur Yvette

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: Residence La Cilof, Bat. K., Route de  
Chateaufort

City of Mailing Address:: Gif Sur Yvette

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing  
Address:: F-91190

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
PCT	PCT/FR2003/002763	09/19/03	Yes
France	02 11676	09/20/03	Yes

## **Assignee Information**

Assignee Name:: Centre National De La Recherche Scientifique  
Street of Mailing Address:: 3, rue Michel Ange, F-75794 Paris Cedex 16  
City of Mailing Address:: Paris Cedex  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address::